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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

MAR 05 2010

CG

Please type or print in ink. 2010 MAR 29 PM 2:48 A Public Document

KATHLEEN MOFAN

COLUSA COUNTY CLERK-RECORDER

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Vann	Kim	Dolbow	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
[REDACTED]	[REDACTED]	[REDACTED]	CA
ZIP CODE		OPTIONAL: E-MAIL ADDRESS	
[REDACTED]		[REDACTED]	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Board of Supervisors

Division, Board, District, if applicable:

District I

Your Position:

Board Member

- If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State
- ☒ County of Colusa
- ☐ City of _____
- ☐ Multi-County _____
- ☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 4, 2010
(month, day, year)

Signature [REDACTED]
(File the originally signed statement with your filing officer.)

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Kim Dolbow Vann

► NAME OF BUSINESS ENTITY
Bank of America Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
PG&E Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Energy

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

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____/____/09 ____/____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
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IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Kim Dolbow Vann

STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09

ACQUIRED

____/____/09

DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____

Yrs. remaining

☐ _____

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE	TERM (Months/Years)
_____ % <input type="checkbox"/> None	_____

HIGHEST BALANCE DURING REPORTING PERIOD

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> Guarantor, if applicable	

FPPC Form 700 (2009/2010) Sch. B
FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Kim Dolbow Vann

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Wraith Scarlet & Randolph

ADDRESS (Business Address Acceptable)

283 W. Court St. Woodland CA 95696

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance Brokerage Firm

YOUR BUSINESS POSITION

Broker

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☒ Commission or ☐ Rental Income, for each source of \$10,000 or more

None

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Tim Lewis Communities

ADDRESS (Business Address Acceptable)

3030 Douglas Blvd, Suite 450, Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Homebuilder

YOUR BUSINESS POSITION

Consultant

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, for each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

_____% ☐ None

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

☐ None ☐ Personal residence

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Kim Dolbow Vann

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

<p>▶ NAME OF SOURCE Regional Council of Rural Counties</p> <p>ADDRESS (Business Address Acceptable) 1215 K Street, Suite 1650</p> <p>CITY AND STATE Sacramento, CA 95814</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): 01 / 01 / 09 - 12 / 01 / 09 AMT: \$ 1923.91 (if applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: 2009 Delegate Expense</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (if applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>
<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (if applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (if applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>

Comments: _____

2009 DELEGATE EXPENSE

County: Colusa
 Delegate: Kim Dolbow-Vann

Item

Meals provided at meetings:

Amount

Prior year expenses pd in 2009		
Board Meeting: January	23.15	23.15
Executive Meeting: February	7.49	7.49
Board Meeting: March	24.79	24.79
Executive Meeting: April	14.83	14.83
(Sutter) Board Meeting Dinner: June	53.12	53.12
Executive Meeting: July	No lunch	
Board Meeting: August	17.15	17.15
(Annual Conference Squaw Valley) Board Meeting Breakfast: Sept	50.37	50.37
Executive Meeting Bkft & Lunch: Oct	21.48	21.48
Executive Meeting: Dec	12.25	12.25
Board Meeting: Dec	24.96	24.96
January Annual Dinner* Reception 15.33 Dinner 103.19	118.52	118.52

* Price is for Supervisor only. Double amount if spouse/guest attended also.

Expense Reimbursements

To Delegate:

885.07

To County for Delegate:

Expenses paid by RCRC on behalf of Supervisor:

Jan Lodging:	
June (Sutter) Board meeting lodging & meals	41.85
March NACO Wash D.C:	
May NACO WIR Pendleton OR:	
July NACO Nashville TN:	
Nov CSAC Monterey CA:	
Seminar Registration/Memberships:	465.00
Supervisor Travel and Meals:	163.88
Gifts - \$420 limit:	
Awards - \$250 limit:	
Plaque:	
Total Expenses:	1923.91

**Please record on your
 SCHEDULE - E**